



Complete Summary

GUIDELINE TITLE

Parameter on acute periodontal diseases.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on acute periodontal diseases. J Periodontol 2000 May; 71(5 Suppl):863-6. [7 references]

COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Acute periodontal diseases including:

1. Gingival abscess
2. Periodontal abscess
3. Necrotizing periodontal disease
4. Herpetic gingivostomatitis
5. Pericoronal abscess (pericoronitis)
6. Combined periodontal-endodontic abscess

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Evaluation
Treatment

CLINICAL SPECIALTY

Dentistry

INTENDED USERS

Dentists

GUIDELINE OBJECTIVE(S)

To provide a parameter on the treatment of acute periodontal diseases.

TARGET POPULATION

Individuals with acute periodontal diseases

INTERVENTIONS AND PRACTICES CONSIDERED

1. Abscess drainage
2. Pocket debridement and removal of plaque, calculus and other irritants and/or incising the abscess
3. Irrigation
4. Limited occlusal adjustment
5. Administration of antimicrobials and management of patient comfort
6. Surgical debridement
7. Tooth extraction
8. Comprehensive periodontal and endodontic evaluations
9. Oral hygiene instructions, patient counseling
10. Antiviral medications
11. Endodontic therapy, endodontic consultation
12. Pain relief with topical anesthetic rinses

MAJOR OUTCOMES CONSIDERED

Efficacy of therapy, as noted by

- Change in signs and symptoms
- Periodontal health and function

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Gingival Abscess

Therapeutic Goals

The goal of therapy for a gingival abscess is the elimination of the acute signs and symptoms as soon as possible.

Treatment Considerations

Treatment considerations include drainage to relieve the acute symptoms and mitigation of the etiology.

Outcome Assessment

1. The desired outcome of therapy in patients with a gingival abscess should be the resolution of the signs and symptoms of the disease and the restoration of gingival health and function.
2. Areas where the gingival condition does not resolve may be characterized by recurrence of the abscess or change to a chronic condition.
3. Factors which may contribute to the nonresolution of this condition may include the failure to remove the cause of irritation, incomplete debridement, or inaccurate diagnosis.
4. In patients where the gingival condition does not resolve, additional therapy may be required.

Periodontal Abscess

Therapeutic Goals

The goal of therapy for a periodontal abscess is elimination of the acute signs and symptoms as soon as possible.

Treatment Considerations

Treatment considerations include establishing drainage by debriding the pocket and removing plaque, calculus and other irritants and/or incising the abscess. Other treatments may include irrigation of the pocket, limited occlusal adjustment, and administration of antimicrobials and management of patient comfort.

A surgical procedure for access for debridement may be considered. In some circumstances extraction of the tooth may be necessary. A comprehensive periodontal evaluation should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with a periodontal abscess is the resolution of signs and symptoms. Resolution of the acute phase may result in partial regaining of attachment that had been lost.
2. Areas where the acute condition does not resolve may be characterized by recurrence of the abscess and/or continued loss of periodontal attachment.
3. Factors which may contribute to nonresolution of the condition may include failure to remove the causes of irritation, incomplete debridement, incomplete diagnosis (e.g., concomitant endodontic pathosis), or the presence of underlying systemic disease.
4. In patients where the condition does not resolve, additional evaluation and therapy may be required.

Necrotizing Periodontal Diseases

Therapeutic Goals

The goal of therapy for necrotizing periodontal diseases is the prompt elimination of the acute signs and symptoms.

Treatment Considerations

Treatment considerations include irrigation and debridement of the necrotic areas and tooth surfaces; oral hygiene instructions and the use of oral rinses, pain control, and management of systemic manifestations, including appropriate antibiotic therapy, as necessary. Patient counseling should include instruction on proper nutrition, oral care, appropriate fluid intake and smoking cessation. A comprehensive periodontal evaluation should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with necrotizing ulcerative gingivitis should be the resolution of signs and symptoms and the restoration of gingival health and function.
2. Areas where the gingival condition does not resolve may occur and be characterized by recurrence and/or progressive destruction of the gingiva and periodontal attachment.
3. Factors which may contribute to non-resolution include the failure to remove the causes of irritation, incomplete debridement, inaccurate diagnosis, patient non-compliance, and/or underlying systemic conditions.
4. In patients where the condition does not resolve, additional therapy and/or medical/dental consultation may be indicated. These conditions may have a tendency to recur and frequent periodontal maintenance visits and meticulous oral hygiene may be necessary.

Herpetic Gingivostomatitis

Therapeutic Goals

The goal of therapy for herpetic gingivostomatitis is the relief of pain to facilitate maintenance of nutrition, hydration, and basic oral hygiene.

Treatment Considerations

Treatment considerations include gentle debridement and the relief of pain (e.g., topical anesthetic rinses). Patient counseling should include instruction in proper nutrition, oral care, appropriate fluid intake, and reassurance that the condition is self-limiting. The use of antiviral medications may be considered. The patient should be informed that the disease is contagious at certain stages.

Outcomes Assessment

1. The desired outcome in patients with herpetic gingivostomatitis should be the resolution of signs and symptoms.
2. If the condition does not resolve, medical consultation may be indicated.

Pericoronal Abscess (Pericoronitis)

Therapeutic Goals

The goal of therapy for a pericoronal abscess is the elimination of the acute signs and symptoms as soon as possible, including the causes of irritation.

Treatment Considerations

Treatment considerations include debridement and irrigation of the undersurface of the pericoronal flap, use of antimicrobials and tissue recontouring, or extraction of the involved and/or opposing tooth. Patients should be instructed in home care.

Outcomes Assessment

1. The desired outcome of therapy in patients with pericoronal abscess should be the resolution of signs and symptoms of inflammation and infection and the restoration of tissue health and function.
2. Areas where the condition does not resolve may be characterized by recurrence of the acute symptoms and/or spread of infection to surrounding tissues.
3. Factors which may contribute to non-resolution may include the failure to remove the causes of irritation or incomplete debridement. In some cases of pericoronal abscess, trauma from the opposing tooth may be an aggravating factor.
4. In patients where the condition does not resolve, additional therapy may be indicated.

Combined Periodontal/Endodontic Lesions (Abscesses)

Therapeutic Goals

The goal of therapy for combined periodontal/endodontic lesions (abscesses) is the elimination of the signs, symptoms and etiology as soon as possible.

Treatment Considerations

Treatment considerations include establishing drainage by debriding the pocket and/or by incising the abscess. Other treatments may include endodontic therapy, irrigation of the pocket, limited occlusal adjustment, the administration of antimicrobials, and management of patient comfort.

A surgical procedure for access for debridement may be considered. In some circumstances, an endodontic consultation may be required. In other circumstances, extraction of the tooth may be necessary. In any case, a comprehensive periodontal and endodontic examination should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with a periodontal/endodontic lesion is the resolution of the signs and symptoms.
2. Areas where the acute condition does not resolve may be characterized by recurrence of the abscess and/or continued loss of periodontal attachment and periradicular tissues.
3. Factors which contribute to non-resolution of the condition may include failure to remove the causes of infection, incomplete debridement, incomplete diagnosis, or the presence of underlying systemic disease.
4. Resolution of the acute phase by management of the multiple etiologic factors may result in partial restoration of the clinical attachment that has been lost. In patients where the condition does not resolve, additional evaluation and therapy is required.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Elimination of the acute signs and symptoms of periodontal diseases in a timely manner.
- Relief of pain.
- Facilitate maintenance of nutrition, hydration and basic oral hygiene.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these

- parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on acute periodontal diseases. J Periodontol 2000 May; 71(5 Suppl):863-6. [7 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1996 Oct (revised 2000 May)

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Members: Donald A. Adams; Erwin P. Barrington (Chair); Jack Caton, Jr.; Robert J. Genco; Stephen F. Goodman; Carole N. Hildebrand; Marjorie K. Jeffcoat; Fraya Karsh; Sanford B. King; Brian L. Mealey; Roland M. Meffert; James T. Mellonig; Myron Nevins; Steven Offenbacher; Gary M. Reiser; Louis F. Rose; Paul R. Rosen; Cheryl L. Townsend (Chair); S. Jerome Zackin.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 33-40 [7 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

PATIENT RESOURCES

None available

NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is copyrighted by the American Academy of Periodontology.

© 1998-2004 National Guideline Clearinghouse

Date Modified: 11/8/2004

The logo for FIRST GOV, with "FIRST" in blue and "GOV" in red.

